FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Approval
OMB Number: 3235-0076
Expires: November 30, 2001
Estimated average burden
hours per response ...16.00

1303/40



FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY									
Prefix	Serial								
Date R	eceived								
Date Neceived									

						Z : Z : X Z : X : X : X : X : X : X : X
Name of Offering	g (□ check if this is a	n amendment and name ha	s changed, and indica	te change.)	E.C.	Commence of the Commence of th
Filing Under (Ch	eck box(es) that apply	y) 🗆 Rule 504	☐ Rule 505	☑ Rule 506	☐ Section 4(6)	OLD ULOE
Type of Filing	☐ New Filing					CO CO P SOOR
		A. BASIC	IDENTIFICATION	N DATA	13.	
1. Enter th	ne information reques	ted about the issuer			T/C	180 /10
Name of Issuer Home Technolog	•	an amendment and name h	as changed, and indic	cate change.)		
	tive Offices (Number enue N.E., Newcastle	r and Street, City, State, Zij , WA 98056	p Code)	(42:	ephone Number (Incl 5) 882-3200	
	pal Business Operation Executive Offices)	ons (Number and Street, Ci	ty, State, Zip Code)	Tele	ephone Number (Incl	uding Area Code)
Brief Description Electrical and ele	of Business ctrical contracting					NOV 0 5 2004
Type of Business ☐ corporation ☐ business trust	Organization	☐ limited partnership, alr ☐ limited partnership, to	•	□ otl	ner (please specify):	THO HAVIN FINANCIAL
	ed Date of Incorporate corporation or Organi	ion or Organization: zation: (Enter two-letter U.	Month 0 3 S. Postal Service abb	Year 0 reviation for State	l 🗷 Actual	☐ Estimated
•		CN for Canada; FN	I for other foreign jur	isdiction W A		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes to the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class equity securities of the issuer;
 - Each executive officer and director of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☑ Promoter ☑ Beneficial Owner ■ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Travis, H. Lee IV Business or Residence Address (Number and Street, City, State, Zip Code) 10900 N.E. 4th Street, Suite 1800, Bellevue, WA 98004 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ General and/or ☐ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Promoter ☐ Beneficial Owner Check Box(es) that Apply: ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ General and/or ☐ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

`					В.	INFO	RMA	TION	ABO	UT O	FFER	ING			
1.	Has t	he issu	er sold	or does	the issu	er inten	d to sel	l. to non	ı-accrec	lited inv	estors i	n this offer	ring?	Yes □	No ⊠
												ULOE.	5.		
2	What	مماله منا		:						•	•	OLOL.		# 100 <i>(</i>	200 00
2.	wna	is the i	mmmu	m inves	ıment u	nat wiii	be acce	pted fro	om any	ınaıvıaı	121?			\$ 100,0	
3.	Does	the off	ering pe	ermit jo	int own	ership c	of a sing	le unit?						Yes ⊠	No □
4.	or sir listed of the	nilar re l is an a e broker	munera ssociate or dea	tion for ed perso ler. If m	solicita n or age	tion of p ent of a n five (5	purchas broker 5) perso	ers in co or deale ns to be	onnection r regist	on with ered wit	sales of th the S	securities EC and/or	ectly or indirect in the offering. with a state or s such a broker or	If a perstates, list	son to be t the name
Full Na	me (La	ast nam	e first, i	f indivi	dual)			111111111111111111111111111111111111111							
Busine	ss or R	esidenc	e Addre	ess (Nur	nber an	d Street	, City, S	State, Zi	p Code)	· · · · · · · · · · · · · · · · · · ·	(201			
Name	of Asso	ciated I	Broker (or Deale	er .										
States	n Whic	h Perso	n Liste	d Has S	olicited	or Inte	nds to S	olicit P	urchase	rs		- 100	· · · · · · · · · · · · · · · · · · ·		
													🗖 All	States.	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	[NH] [TN]	[NJ] [TX]	[MM] [UT]	[NY] [VT]	[NC]	[MD] [WA]	[WV]	[WI]	[OR] [WY]	[PA] [PR]			
				f individ		[1]	[VA]	[na]	[14.4.]	[117]	[1,1]	[FK]			
ruii iva	iiie (La		- msi, 1	ı marvı	Juai)										
Busine	ss or Re	esidence	e Addre	ss (Nun	nber and	1 Street	, City, S	State, Zi	p Code)		C college			
Name o	of Asso	ciated F	Broker o	r Deale	ī										
								olicit P					F1 411	C	
								[DC]				[ID]	🗖 All	States.	•
[IL]	[IN]		[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	[sc]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
Full Na	me (La	st name	first, i	f individ	lual)										<u>.</u>
Busines	s or Re	esidence	e Addre	ss (Nun	nber and	l Street	, City, S	state, Zi	p Code))		· -			
Name o	f Asso	ciated E	Broker o	r Deale	r										
								olicit Pı	ırchase	rs				C	
(Check [AL]	"All Si [AK]	tates" or [AZ]		individ		es) [CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		states.	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEED

1.	Enter the aggregate offering price of securities included in this offer amount already sold. Enter "0" if answer is "none" or "zero." If the exchange offering, check this box \square and indicate in the column belosecurities offered for exchange and already exchanged.	transaction is an	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		\$
	Equity	\$ 2,500,000.00	\$ <u>2,500,000.00</u>
	☐ Common or ☑ Preferred		
	Convertible Securities (including warrants)		\$
	Partnership Interests		\$
	Other (Specify)		\$
	Total	\$ 2,500,000.00	\$ <u>2,500,000.00</u>
	Answer also in Appendix, Column 3, if filing under UI	LOE	
2.	Enter the number of accredited and non-accredited investors who has securities in this offering and the aggregate dollar amounts of their pofferings under Rule 504, indicate the number of persons who have and the aggregate dollar amount of their purchases on the total lines is "none" or "zero."	purchases. For purchased securities . Enter "0" if answer	
		Number	Aggregate
		Investors	Dollar Amount
			of Purchases
	Accredited Investors		\$ <u>2,500,000.00</u>
	Non-accredited Investors		\$0.00
	Total (for filings under Rule 504 only)		\$
4.	If this filing is for an offering under Rule 504 or 505, enter the infor all securities sold by the issuer, to date, in offerings of the types indi (12) months prior to the first sale of securities in this offering. Class listed in Part C-Question 1.	cated, in the twelve	
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuand the securities in this offering. Exclude amounts relating solely to org of the issuer. The information may be given as subject to future contamount of an expenditure is not known, furnish an estimate and checof the estimate.	ganization expenses tingencies. If the	
	Transfer A cent's Rees	m	¢
	Transfer Agent's Fees Printing and Engraving Costs		\$ \$
		_	\$ 50,000.00
	Legal Fees		
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (Specify finder's fees separately)		\$
	Other Expenses (identify)		\$
	Total	X	\$50,000.00

1.

Question 1 and total e	xpenses furnished in response to Part C-Quasted gross proceeds to the issuer."	estio	n 4.a. This		\$_2,450,000.00_
shown. If the amount	nount of the adjusted gross proceeds to the is for any purpose is not known, furnish an est must equal the adjusted gross proceeds to t	imat	e and check th	he box to the	left of the estimate. The total
			Payments Officer Directors Affiliate	s, s, &	Payments To Others
Salaries and fees		×	\$125,00	00.00	\$
Purchase of real estate			\$		\$
Purchase, rental or leasing and	installation of machinery and equipment		\$	<u> </u>	\$ 125,000.00
Construction or leasing of plan	t buildings and facilities		\$	🗆	\$
	(including the value of securities involved d in exchange for the assets or securities of rger)		\$		\$ <u>125,000.00</u>
Repayment of indebtedness			\$	X	\$378,000.00
Working capital		×	\$440,00	0.00	\$_1,257,000.00
Other (specify					
			\$		\$
Column Totals		×	\$ 565,00	0.00	\$_1,885,000.00
Total Payments Listed (column	totals added)		×	\$ <u>2,450,0</u>	00.00
	D. FEDERAL SIGNA	ATU	RE		
the following signature constitution request of its staff, the i 502.	notice to be signed by the undersigned duly utes an undertaking by the issuer to furnish an information furnished by the issuer to any notice to the issuer to the issuer to the issuer to any notice to the issuer to the issuer to any notice to the issuer to the issuer to the issuer to any notice to the issuer	o the	U.S. Securit credited inve	ies and Exchi stor pursuant	ange Commission, upon
Issuer (Print or Type) Home Technologies, Inc.	Signature //	_	Da	10 /3	21/04
Name or Signer (Print or Type) H. Lee Travis	Title of Signer (Print of Type) President		222		
	ATTENTION				
Intentional misstatements of	or omissions of fact constitute federal	crin	ninal violatio	ns. (See 1	8 U.S.C. 1001).

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEED

APPENDIX

1		2	3		5						
	non-ac inves St	to sell to credited tors in tate l-Item 1)	Type of security and aggregate offering price offered in State (Part C-Item 1)	2	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)						
				Number of							
State	Yes	No		Accredited Investors	Amount	Nonaccredited Investors	Amount	Yes	No		
AL	103	1.0		IIIVOSCOIS	Tamount.	111,051010	THITOURIE	103	1,0		
AK											
AZ								- 			
AR											
CA											
СО	-			<u> </u>							
CT			······································								
DE											
DC											
FL				<u> </u>							
GA											
HI											
ID			•								
IL											
IN											
IA											
KS											
KY											
LA											
ME											
MD						·		· · · · · · · · · · · · · · · · · · ·			
MA											
MI											
MN		X	Preferred Stock	1	\$100,000				X		
MS											
MO											